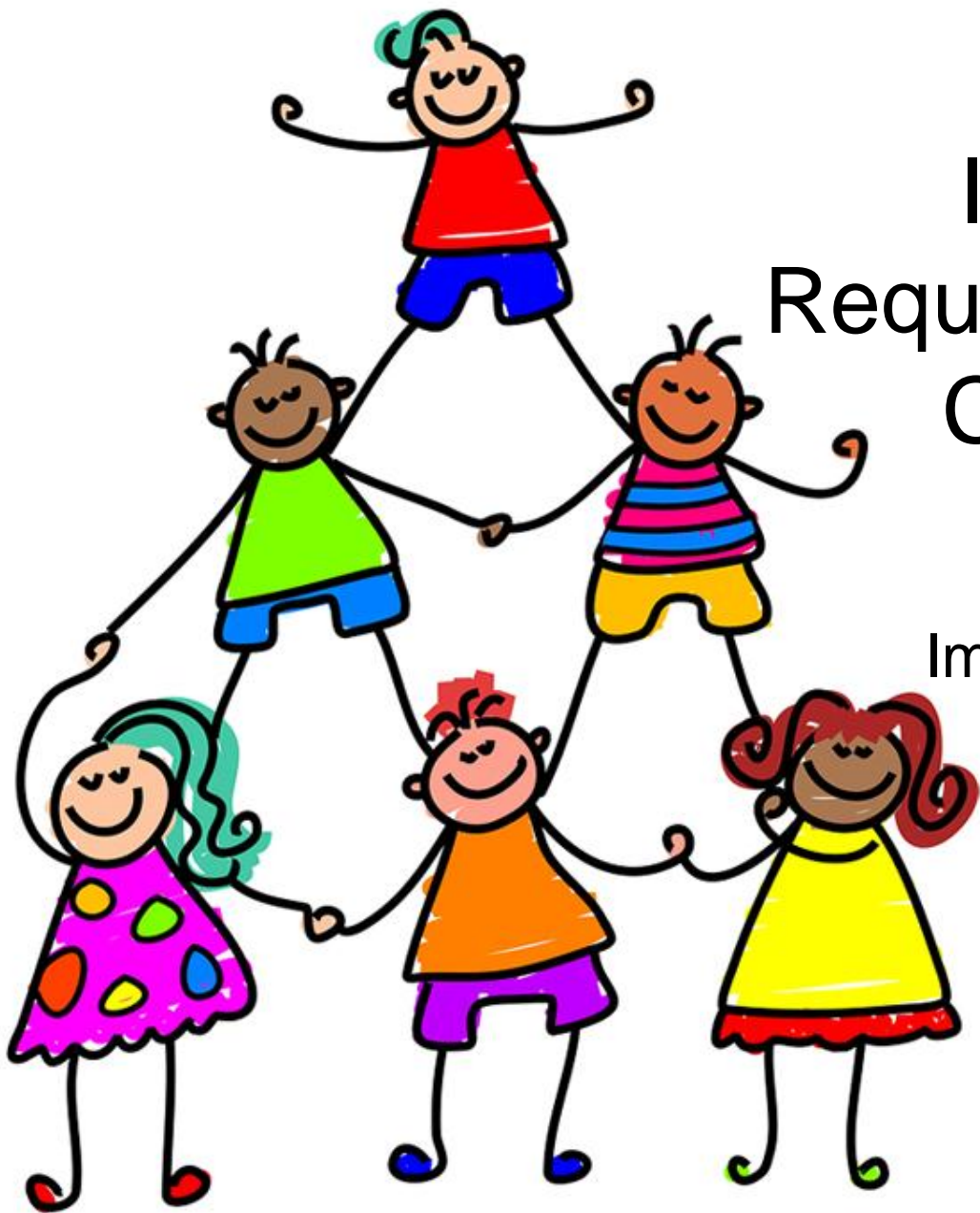


Immunization Requirements for Child Care Facilities

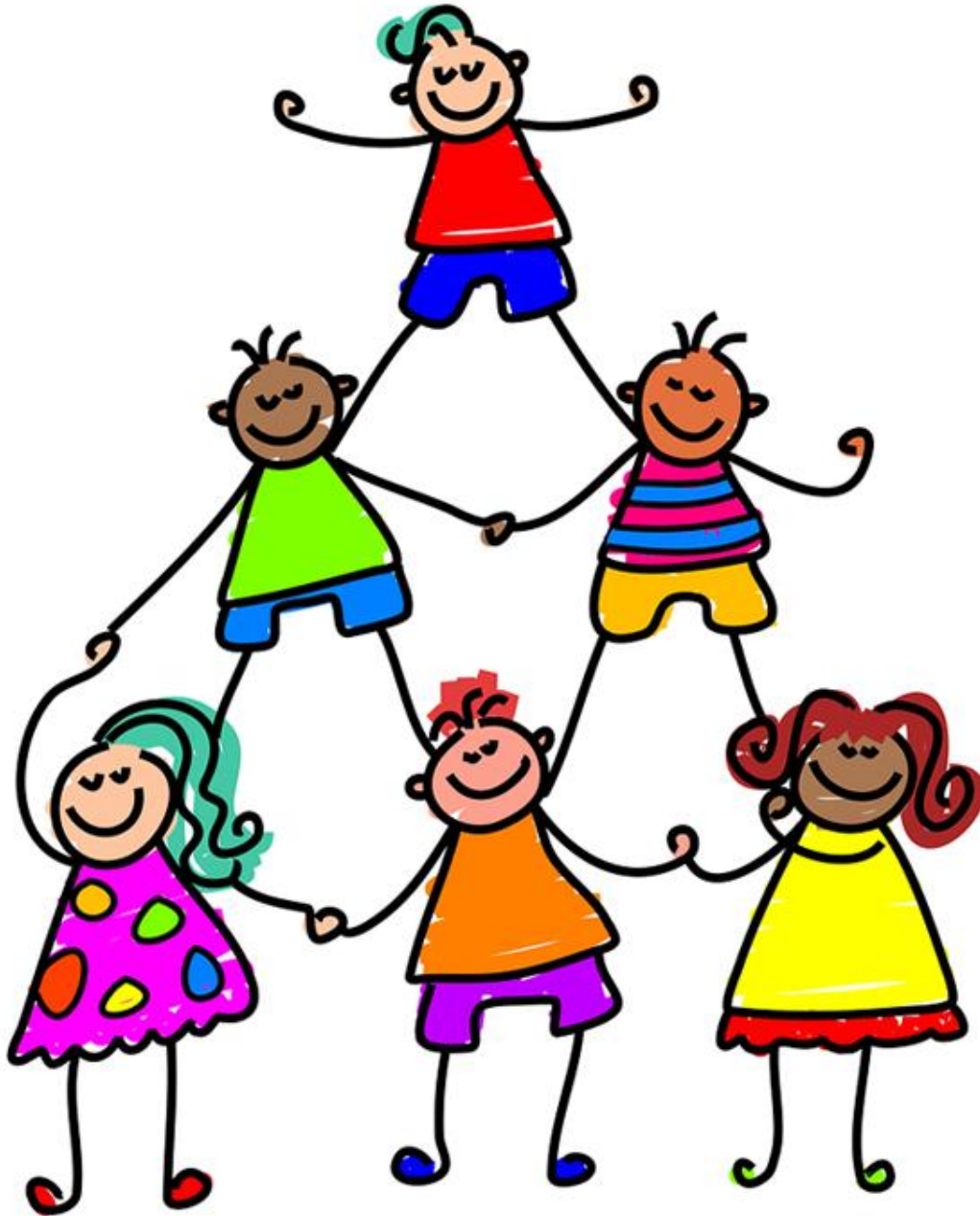
Montana DPHHS
Immunization Program
September 2012





Overview

- Importance of Immunizing Children and Adults
- Immunization Requirements for Child Care
- Immunization Record Keeping
- Auditing Immunization Records
- Enforcement of Immunization Requirements
- Immunization Information System and Parent Consent
- Tools and Resources for Child Care Providers
- References



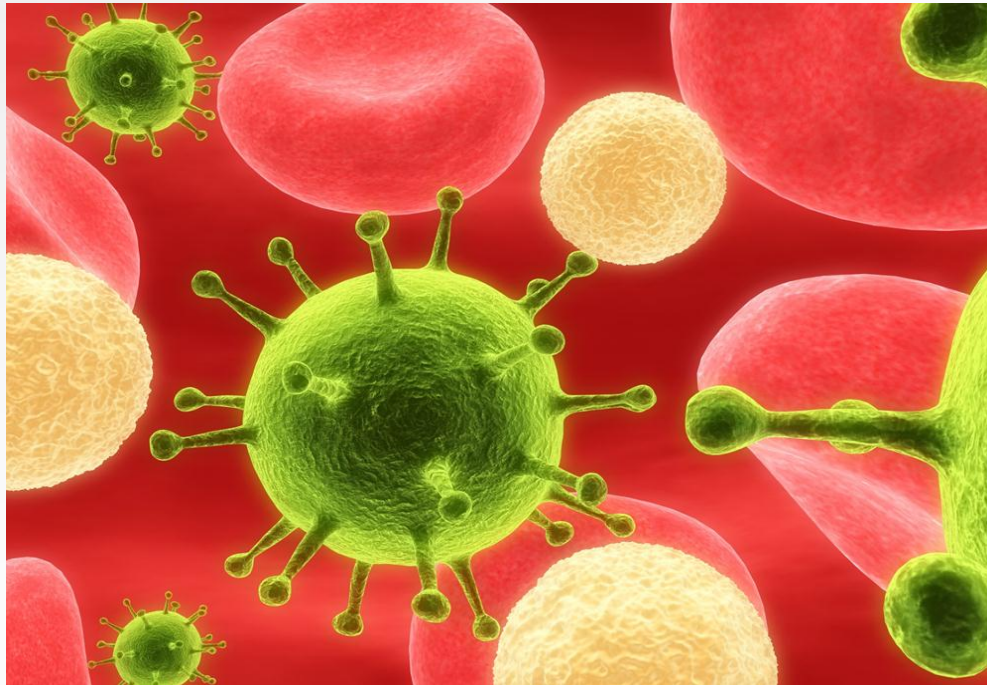
Why Immunize?





Importance of Vaccination

If a child is not vaccinated and is exposed to a disease, the child's body may not be strong enough to fight the disease. Before vaccines, many children died from diseases that vaccines now prevent, such as whooping cough, measles, and polio. Those same diseases exist today, but children are now protected by vaccines, so we do not see these diseases as often.





Continued....

Immunizing individual children also helps to protect the health of our community, especially those people who are not immunized.

- ✓ People who are too young to be vaccinated (e.g., children less than a year old cannot receive the measles vaccine but can be infected by the measles virus),
- ✓ Those who cannot be vaccinated for medical reasons (e.g., children with leukemia)
- ✓ People who received a vaccine, but who have not developed immunity.

Immunization also slows down or stops disease outbreaks.





Are Diseases Becoming Rare Due to Vaccinations?

It's true, some diseases (like polio and diphtheria) are becoming very rare in the U.S. Of course, they are becoming rare largely because we have been vaccinating against them. But it is still reasonable to ask whether it's really worthwhile to keep vaccinating.

It's much like bailing out a boat with a slow leak. When we started bailing, the boat was filled with water. But we have been bailing fast and hard, and now it is almost dry. We could say, "Good. The boat is dry now, so we can throw away the bucket and relax." But the leak hasn't stopped. Before long we'd notice a little water seeping in, and soon it might be back up to the same level as when we started.





Continued....

Unless we can "stop the leak" by eliminating the disease, it is important to keep immunizing, even if there are only a few cases of disease today. If we take away the protection given by vaccination, more and more people will be infected and will spread disease to others. Soon we will undo the progress we have made over the years.

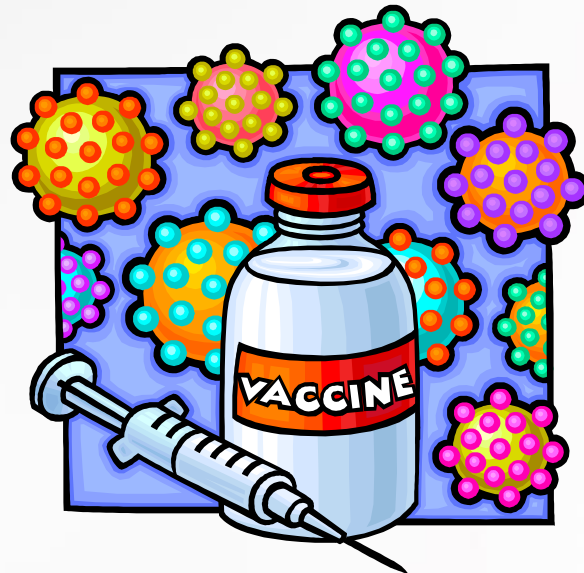


If we stopped vaccinating, diseases that are almost unknown would stage a comeback. Before long we would see epidemics of diseases that are nearly under control today. More children would get sick and more would die.



Let's Get Vaccinated!!

We don't vaccinate just to protect our children. We also vaccinate to protect our future generations such as our grandchildren and their grandchildren. With one disease, smallpox, we "stopped the leak" in the boat by eradicating the disease. Our children don't have to get smallpox shots any more because the disease no longer exists. If we keep vaccinating now, diseases like polio and meningitis won't infect, cripple, or kill children in the future. Vaccinations are one of the best ways to put an end to the serious effects of certain diseases.

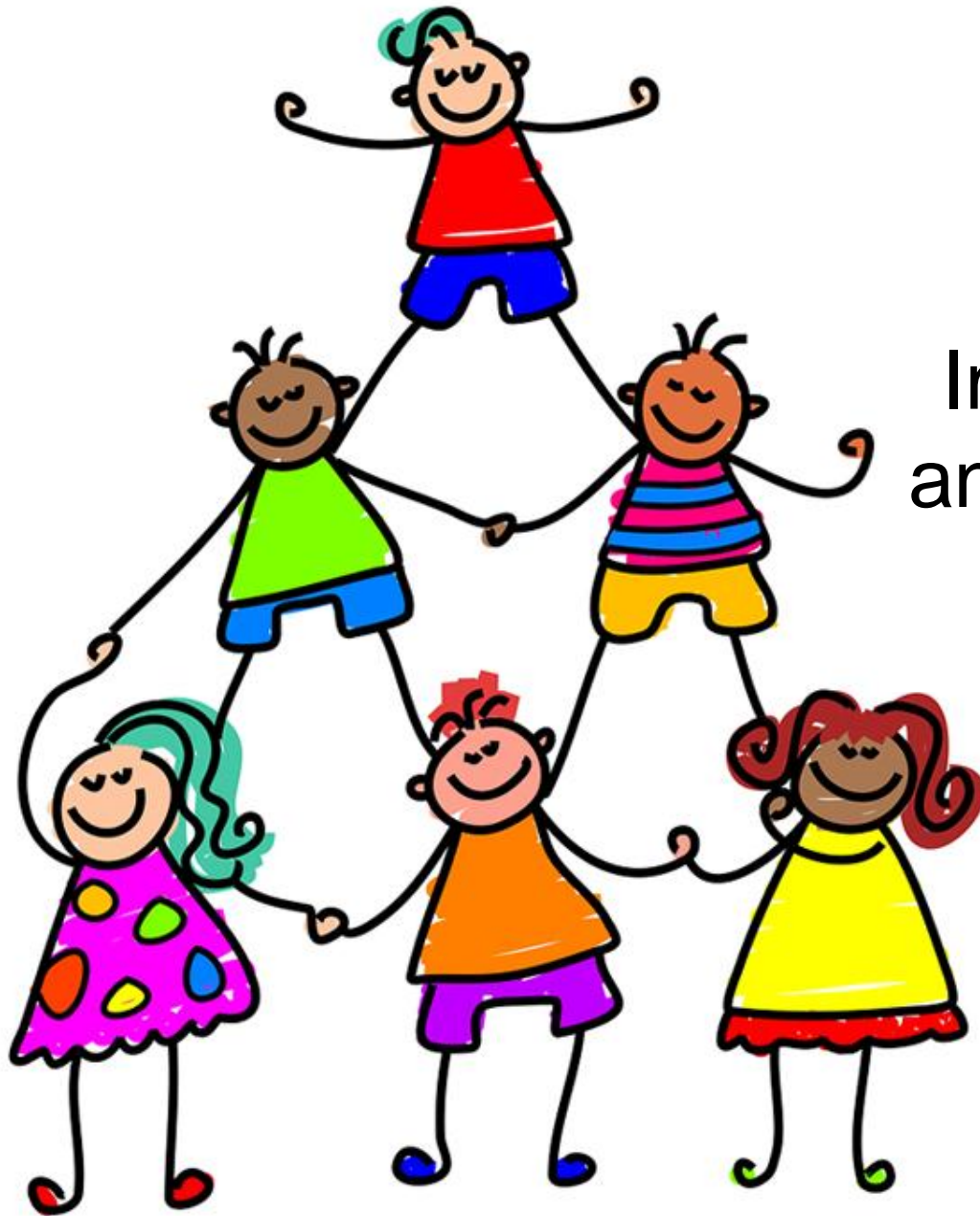




Continued....

As we get older some vaccines lose immunity so it is important for us adults to stay on top of vaccinations too. For example, pertussis (whooping cough) can be easily passed down to a newborn from an adult without even knowing it. The Advisory Committee on Immunization Practices (ACIP) recommends that adults 19 and older should receive a single dose of Tdap (tetanus, diphtheria, and pertussis) to replace a single dose of Td (tetanus, diphtheria). **The Montana State Immunization Program strongly recommends that adults who have close contact with infants, such as child care and healthcare personnel, and parents, receive a Tdap.** Talk with your healthcare provider about getting a Tdap.





Immunization Rules and Requirements for Child Care





Immunization Requirements for Registered or Licensed Child Care Facilities

Administrative Rules of Montana (ARM) 37.95.140 Immunization

Before a child under the age of 5 may attend a Montana child care facility, that facility must be provided with documentation showing that the child has been immunized as required for the child's age group against MMR (Measles, Mumps, Rubella), Polio, Varicella, Diphtheria, Pertussis, Tetanus, and Haemophilus influenzae type b (Hib). Unless the child qualifies for conditional attendance.

Before a child between the ages of 5 and 12 years may attend a child care facility providing care to school aged children, that facility must also be provided with documentation that the child has been immunized as required for the child's age group, unless child qualifies for conditional attendance.



Additional Rules To Think About

ARM 37.95.140 (6) Immunization

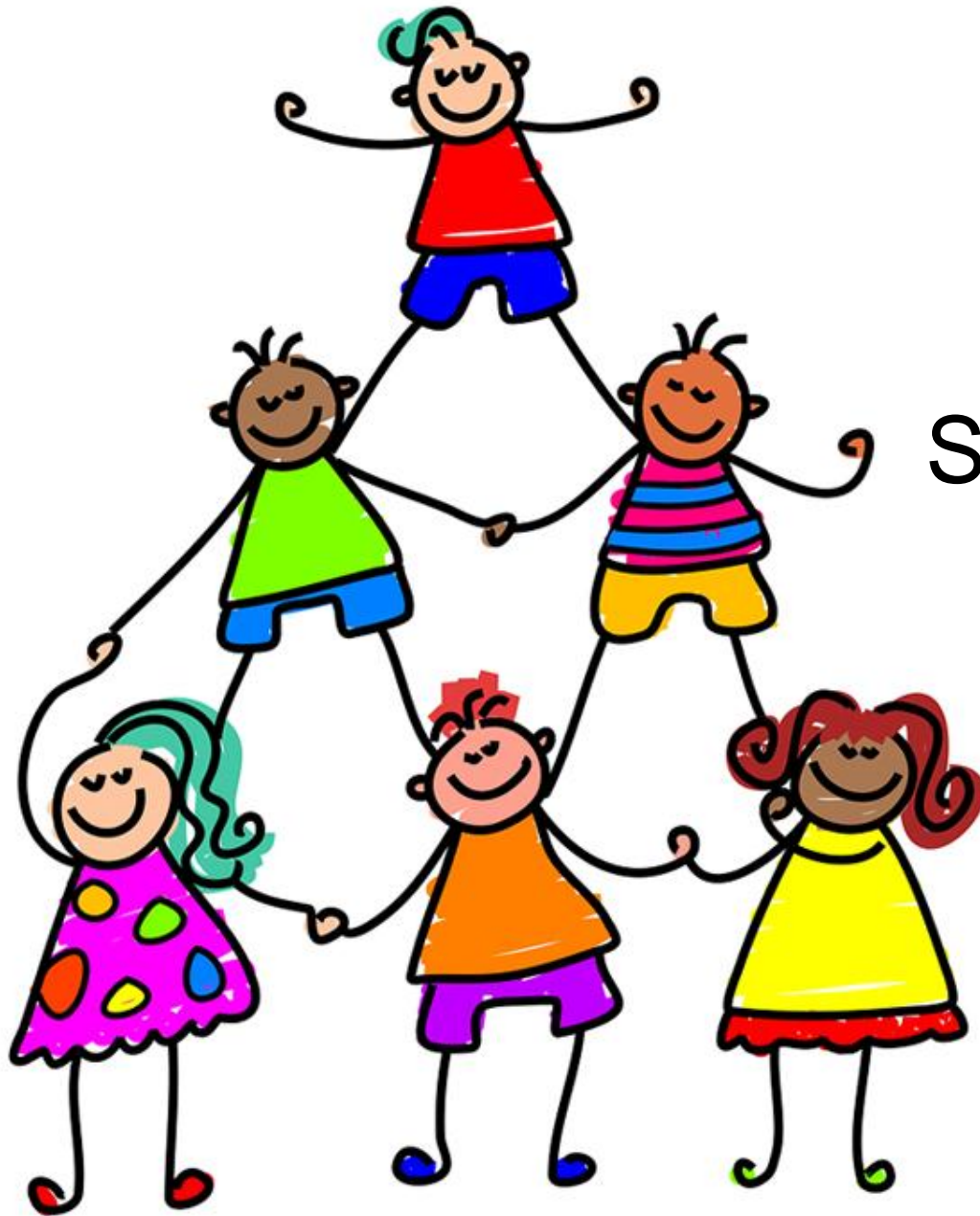
In order to continue to attend a child care facility, a child must continue to be immunized on the schedule described on the next slide, and must be immediately excluded from attendance in the child care facility if the child is not vaccinated on that schedule with all of the required vaccines, or does not have on file at the child care facility a record of medical exemption or a conditional enrollment form which indicates that no vaccine dose is past due.

ARM 37.95.140 (11) Immunization

The child care facility must maintain a written record of immunization status of each enrolled child and each child of a staff member who resides at the child care facility. The child care facility must make the immunization records available during normal working hours to representatives of the Montana State Department or the Local Health authority.

ARM 37.95.140 (12) Immunization

A child seeking to attend a daycare facility is not required to have any immunizations, which are medically contraindicated. A written and signed statement from a physician that an immunization is medically contraindicated will exempt a person from the applicable immunization requirements of this rule.



Immunization Schedule for Child Care





Age at Entry

under 2 months old

by 3 months of age

by 5 months of age

by 7 months of age

by 16 months of age

by 19 months of age

-

Number of Doses-Vaccine Type

no vaccinations required

1 dose of polio vaccine

1 dose of DTP vaccine

1 dose of Hib vaccine

2 doses of polio vaccine

2 doses of DTP vaccine

2 doses of Hib vaccine

2 doses of polio vaccine

3 doses of DTP vaccine

*2 or 3 doses of Hib vaccine

2 doses of polio vaccine

3 doses of DTP vaccine

1 dose of MMR vaccine administered no earlier
than 12 months of age

*1 dose of Hib vaccine given after 12 or 15
months of age

1 dose of varicella vaccine

3 doses of polio vaccine

4 doses of DTP vaccine

1 dose of MMR vaccine administered no earlier
than 12 months of age

*1 dose of Hib vaccine given after 12 or 15
months of age

(*) varies depending on vaccine type used.



Understanding the Hib Dose

What is Hib?

Haemophilus influenzae type b (Hib) is a severe bacterial infection, particularly among infants. The Haemophilus influenzae type b vaccine prevents meningitis (an infection of the covering of the brain and spinal cord), pneumonia (lung infection), epiglottitis (a severe throat infection), and other serious infections.

There are several Hib vaccines available that use 2 dose or 3 dose in order to complete the immunization Hib series. The vaccine brand being used will determine how many doses needed for attendance. For example, if the child has been vaccinated with ActHib then 3 doses are required, however if Pedvax is used then only 2 doses are required.



Contact your local health department when you have questions regarding the Hib schedule.



Continued....

Children 8 through 11 months of age must also have or begin the Hib vaccination series in order to attend a childcare facility. One dose is required after 12 months of age and must meet the Advisory Committee on Immunization Practices (ACIP) recommended interval. This is in accordance with ACIP guidelines and child care (ARM 37.95.140).

However, if you have a child who is at least 12 months old but less than 60 months of age and [has not received any Hib vaccine](#), the child must receive one dose prior to entry.



***Hib vaccine is not required or recommended for children 5 years of age and older.**



Varicella (Chickenpox)

Children that are 12 months of age or older can receive the varicella vaccine, also known as the chickenpox vaccine. **ARM 37.95.140 states:** **All children by 19 months of age must receive one dose of Varicella vaccine.** If a parent indicates the child has had “chickenpox,” the parent will need to provide proof from the health care provider or a lab test can be done to prove immunity. If the parent is not able to document that the child has had chickenpox, the child will need to receive the varicella vaccination.

If you have a child who is greater than 19 months of age attending your child care facility and cannot provide documented immunity or has not received the varicella vaccine, these children are **still required to have the varicella vaccination.**

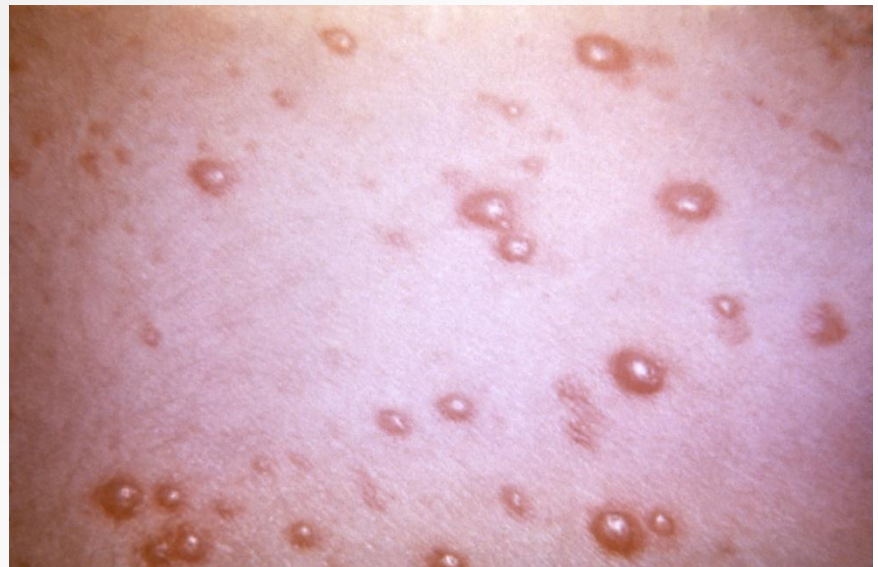




Continued....

Chickenpox can become deadly for those who are too young to receive the vaccine or those who are immunocompromized.

State and local health officials want to prevent a chickenpox outbreak in your child care facility. Encourage parents to get the varicella vaccine for their children at 12 months of age. Make sure the varicella vaccine is not given before 12 months of age. If given too early, the child will need to be revaccinated.





Child Care Provider Immunization Requirements

ARM 37.95.184 (2-c) Health Habits

Every employee, volunteer, or resident at a child care facility must provide documentation of complete measles, mumps, and rubella (MMR), immunizations and a tetanus and diphtheria (Td) booster within the 10 years prior to commencing work, volunteering, or residing at the child care facility.



Remember! When your Td comes due, consider adding the pertussis (whooping cough) component to your Td shot. **Pertussis can be easily passed on from an adult to an infant with out even knowing it.**

State and local public health officials strongly recommend and encourage all adults to consider getting the Tdap, which includes protection against pertussis, in addition to Td.



Influenza

Influenza also called the flu, is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu shot each year.

Flu viruses spread mainly by droplets made when people cough, sneeze, or talk. A person might also get the flu by touching a surface or object (toys, balls, etc.) that has the influenza virus on it and then touching their own mouth, eyes, or nose. **State and local health officials encourage everyone to cough into your elbow, cover your sneeze, and wash your hands with warm water and soap thoroughly.**





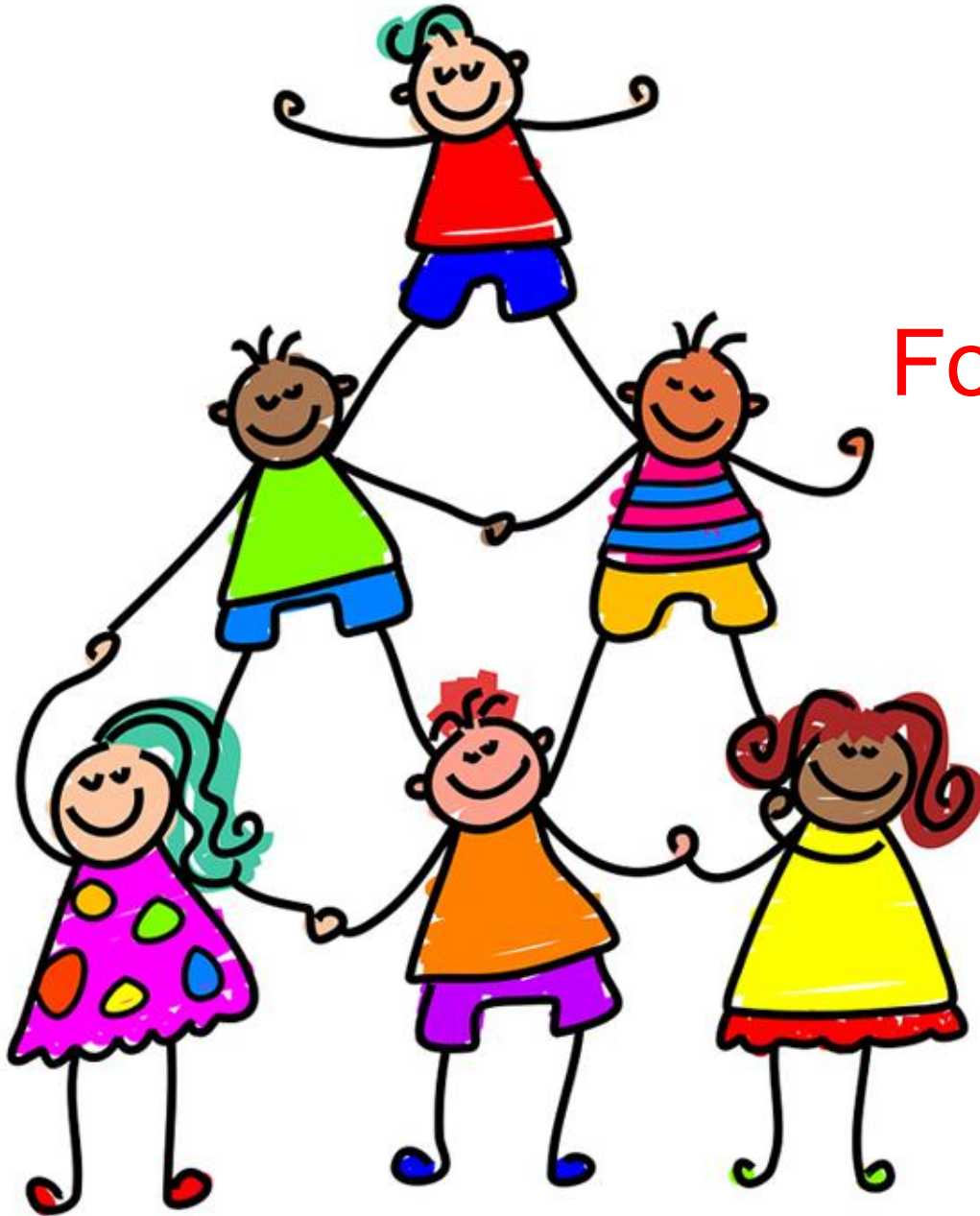
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You may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick. Most healthy adults may be able to infect others beginning **1 day before** symptoms develop and up to **5-7 days after** becoming sick. Some people, especially children and people with weakened immune systems, might be able to infect others for an even longer time.



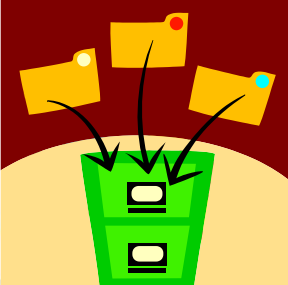
The Center for Disease Control highly recommends that everyone greater than 6 months of age should receive the annual influenza vaccination. It is especially important for those who are providing care to infants.

Influenza vaccination is not a requirement for child care.



Forms and Record Keeping

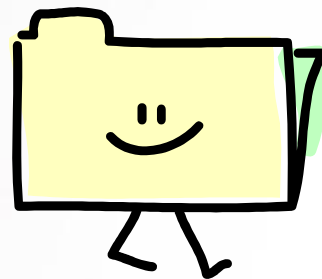




Forms, Organization, and Record Keeping

This section will talk about forms and record keeping. Here are five forms that you will learn about:

1. DPHHS-107 “Immunization Status Report Form”
2. HES-101 “Certificate of Immunization (Blue Form)”
3. HES-114 “Religious Exemption Form”
4. DPHHS-115 “History of Varicella Form”
5. HES-103-A “Conditional Attendance Form”



All child care providers should maintain good record keeping when it comes to immunizations. Immunization records should be well organized so they are easy to keep up. The Montana State Immunization Program encourages all child care providers to develop a written policy to ensure routine assessment of all enrolled children’s immunization records.

Your policy should include receiving a child’s immunization record prior to attending, maintaining compliance when a child is conditionally attending, attaching the History of Varicella form and Religious Exemption form when appropriate. The next slide gives you an example of a written policy to follow or use.



Example Policy for Immunizations

Your immunization policy can be short or long. It is really up to you! Here is an example of a policy for you to use, follow, and/or add to. Example policy will be available for you to download on our website at www.immunization.mt.gov.

Policy on Immunizations in a Child Care Facility

1 Purpose

The purpose of this policy is to manage and maintain up-to-date immunization records in a child care facility.

2 Policy

This policy follows Montana law regarding immunization of children (ARM 37.95.140) within child care facilities. It is essential that children who are too young to receive immunizations or have medical contraindications are protected.

Our policy is to receive children's immunization records upon attending, assess records, inform parents of non-compliance, and maintain 90% up-to-date immunization records. By maintaining 90% up-to-date immunization records, our facility can receive a "Certificate of Excellence" award provided by the Montana State Immunization Program.

3 Procedure

When a child enters [facility name], a parent/legal guardian must provide a completed HES-101 "Blue Form", or provide a complete up-to-date immunization record.

- If no record is received prior to child attending [facility name], the parent/legal guardian will receive a verbal warning and must bring an immunization record within [days].
- If no record is received by [days], parent will receive written notification by the facility director, and will have [days], to bring in the immunization record or child may be excluded from [facility name].
- If no record is received, child will not be allowed to attend [facility name].

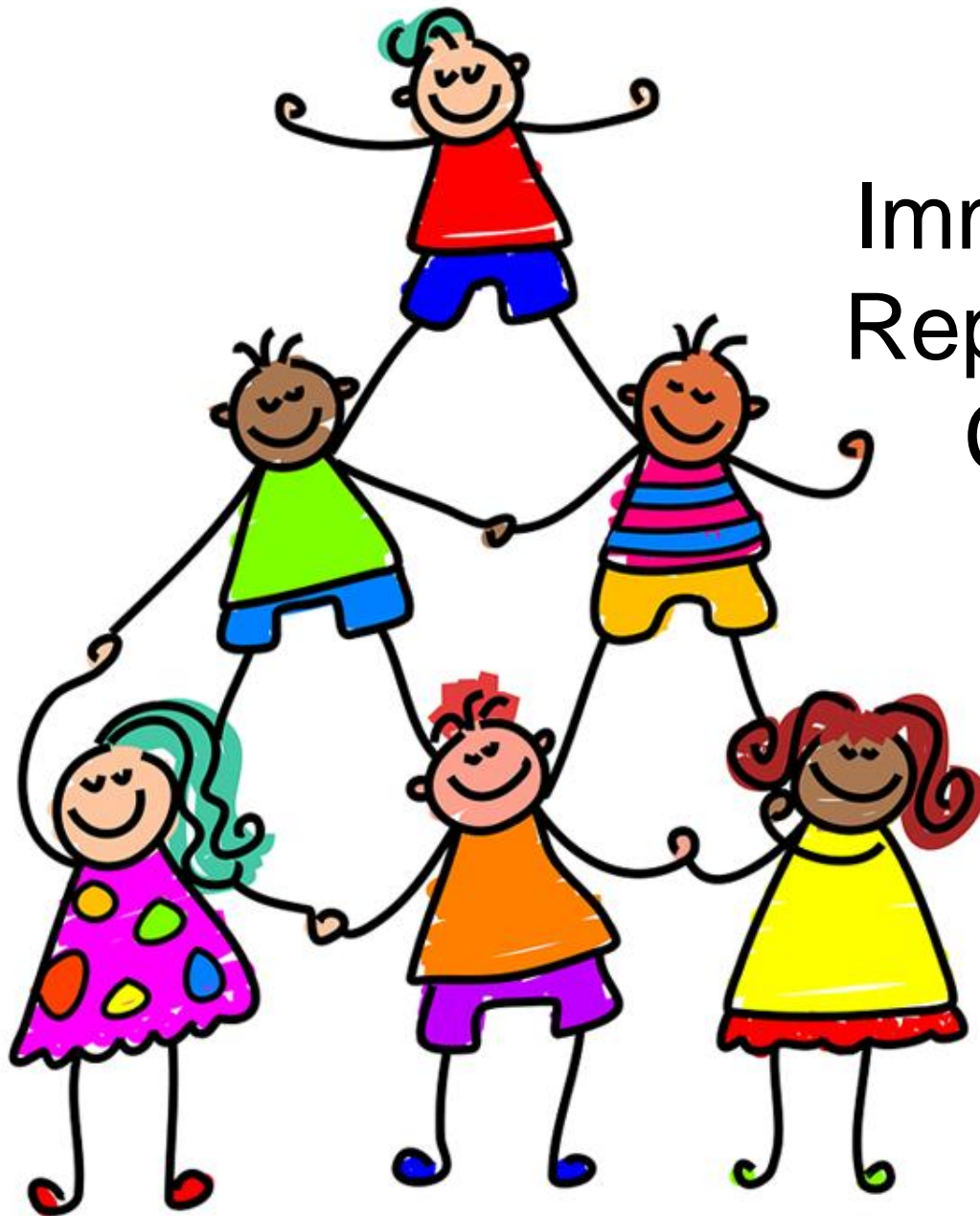
Before a child may attend [facility name] and is not up-to-date on immunizations according to ARM 37.95.140, the parent/guardian must provide one or some of the following:

- Completed HES-103A "Conditional Attendance" form
- HES-101 Section IV "Medical Exemption" form
- HES-114 "Religious Exemption for Haemophilus Influenzae type B form
- DPHHS-115 "History of Varicella" form

[Facility name] will assess immunization records using the Montana State Immunization Status Report form (DPHHS-107) every [number of months] to ensure every child attending has an up-to-date immunization record. STARS participants will need to submit the DPHHS-107 form to the Montana State Immunization Program every 6 months to maintain star status.

REMEMBER! Reviewing records on a frequent basis, will ensure that children attending your facility are in compliance with the immunization rules.





Immunization Status Report form for Child Care Providers (DPHHS-107)



Immunization Status Reporting Form (DPHHS-107)



Here is an easy form for child care providers to use when keeping track of immunization records. This form will help you identify children who are conditionally attending or need to submit an immunization record in order to complete immunization requirements.

Providers participating in the **“STARS”** program will need to submit this form to the Montana Immunization Program every 6 months. Child care providers in this program will need to maintain **90%** in order to maintain their **#3 STAR** status.

Immunization Status Report of Children
Attending Montana Licensed and Registered Child Care Facility
Montana Department of Public Health & Human Services

Purpose of Form: This worksheet for child care providers is to be used to identify all children attending their child care facility who are not fully immunized according to the Administrative Rules of Montana 37.95.140 (Immunizations).

Instructions: Please print or type when completing this form. Assess the immunization status for each child. Record child's date of birth (DOB), first and last name, and mark the appropriate boxes according to child's record. **Child care providers who are participating in the STARS program are required to evaluate their facilities immunization records every 6 months and submit this form to the Montana State Immunization Program. Please fax this form to (406)442-4848 or email to hhsiz@mt.gov.** Child care providers may need to use this form more often than twice a year in order to maintain 90% of the immunization records up to date, but **do not** need to submit to Montana State Immunization Program more than twice a year.

Name of Child Care Facility

Name of Child Care Provider

Phone #

Address (include City and Zip Code)

Type of facility: Center/Family/Group

Number of Children in Facility

Number of Children Up-To-Date in Facility

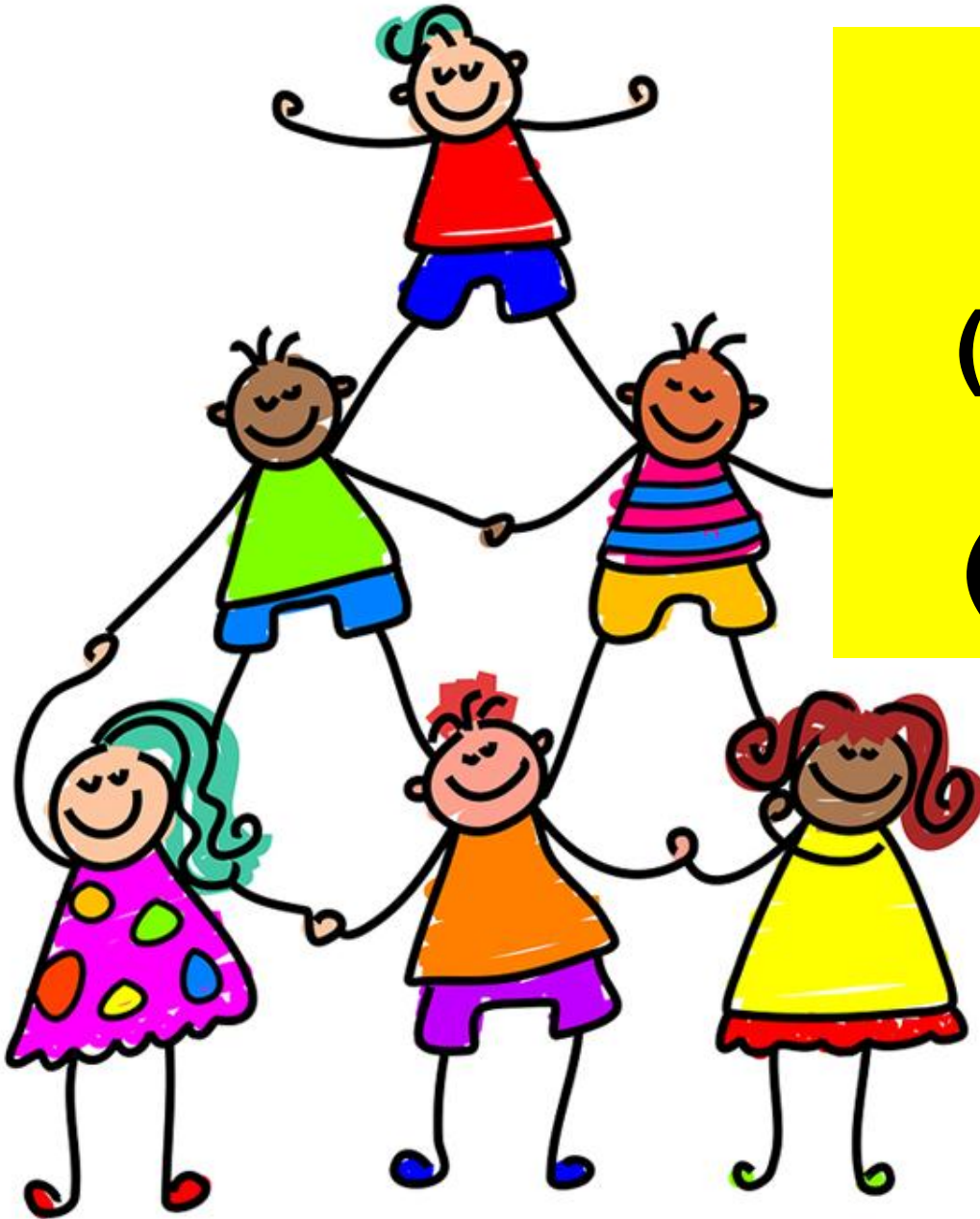
Date report completed

Date of Birth (DOB)	First and Last name of Child attending child care facility.	Does the child have an Immunization record on file? Yes or No	If no IZ record is on file, have you notified the Parent/Legal Guardian? Yes or No	Is the child up-to-date according to ARM 37.95.140 Yes or No	Is the child Conditionally Attending child care facility? Yes or No	Date conditional will be completed	Does the child have a Religious Exemption for Haemophilus Influenzae type b (Hib)? Yes or No	Is the religious exemption expired? Yes or No	Date you received updated religious exemption
EXAMPLE 12/10/2009	JOHN DOE	Yes	Yes	No	Yes	1/2/2010	Yes	Yes	2/1/2010

DPHHS-107 (Revised December 2010)

This form is available on the immunization website at www.immunization.mt.gov

**History of
Varicella
(Chickenpox)
Form
(DPHHS-115)**





✓ History of Varicella form (DPHHS-115) should be used when a child needs to show history of chickenpox disease.

✓ If the child has received the vaccine, the form is not needed.

✓ Form should be kept along with Certificate of Immunization (HES-101).

✓ Form needs to be signed by a health care provider.

HISTORY OF VARICELLA (CHICKENPOX) DISEASE DOCUMENTATION FOR CHILDREN ATTENDING DAYCARE

Child's Name: _____ DOB: _____

To be eligible to attend a Montana child care facility, by 19 months of age or older, a child must have proof of at least one of the following:

- a) Having received one dose of varicella vaccine, in accordance with ARM 37.95.140, or
- b) a signed statement from a healthcare provider confirming the diagnosis of varicella following a physical examination or laboratory confirmation of the disease, or
- c) a written and signed statement from a physician stating that administration of the varicella vaccine is medically contraindicated (Medical Exemption form HES101).

Any child without proof of one of the above will not be allowed to attend the child care facility.

Date child was examined and diagnosed with varicella infection: _____

and/or, is there laboratory evidence showing immunity against varicella? Yes ___ or No ___

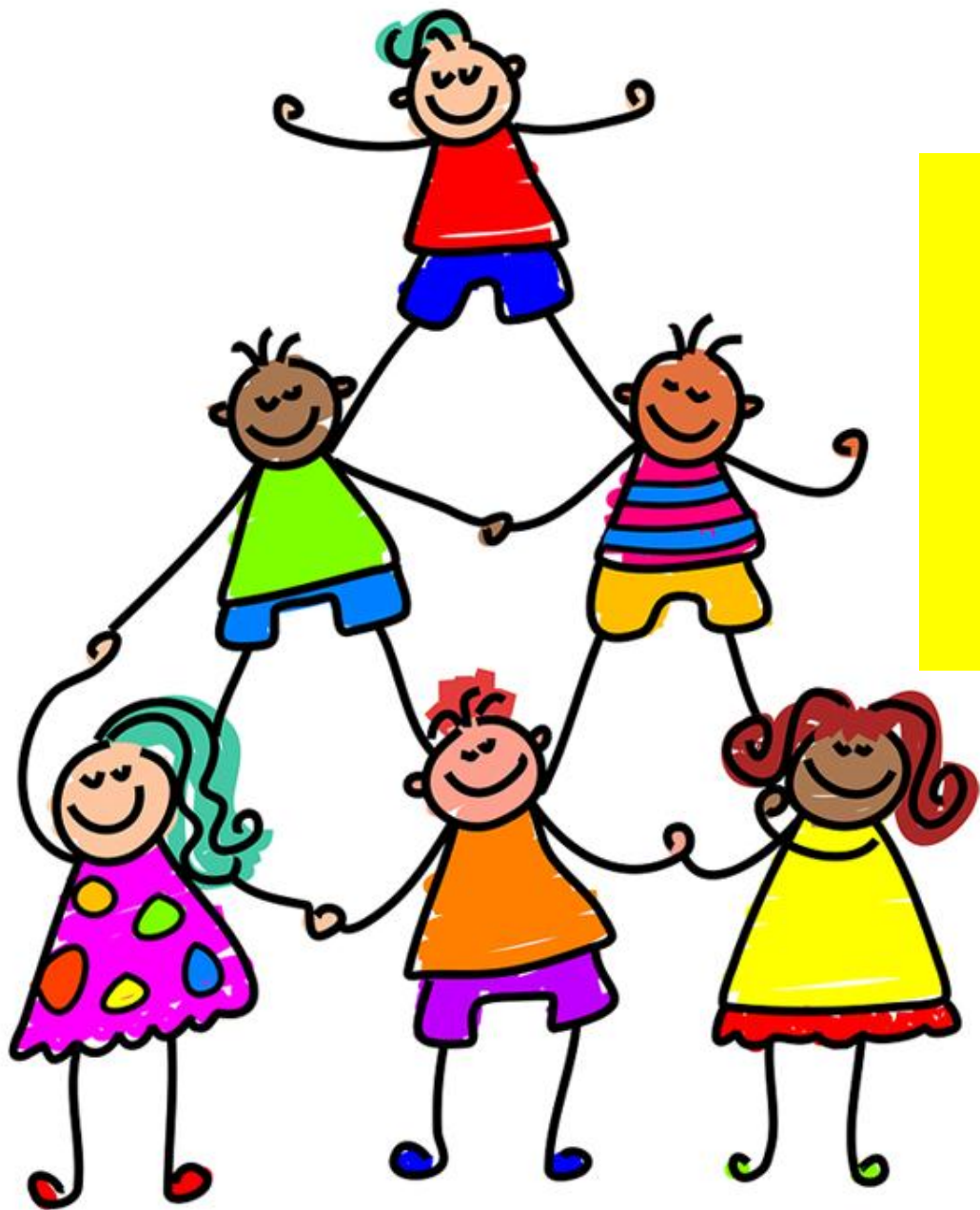
if yes, date of confirmed laboratory test: _____

I do hereby affirm that this child has had a confirmed case of varicella (chickenpox) disease and is no longer susceptible to the varicella (chickenpox) disease.

Signature of Healthcare Provider

Date

This form is available to download at
www.immunization.mt.gov



**Religious
Exemption
Form
(HES-114)**

**AFFIDAVIT of EXEMPTION FROM ADMINISTRATION of
HAEMOPHILUS INFLUENZAE TYPE b (Hib) on RELIGIOUS
GROUNDS FROM MONTANA
DAYCARE IMMUNIZATION RULES**

Child's full name _____ Birth Date _____ Age _____ Sex _____

Day Care Facility _____

Name of parent, guardian, or other person responsible for child's care and custody: _____

Street address and city: _____

Telephone: (home) _____ (work) _____

I, the undersigned, swear or affirm that immunization against *Haemophilus influenzae* type b (Hib) is contrary to my religious tenets and practices.

I also understand that:

(1) I am subject to the penalty for false swearing if I falsely claim a religious exemption for the above-named child [i.e. a fine of up to \$500, up to 6 months in jail, or both (Sec. 45-7-202, MCA)];

(2) In the event of an outbreak of the *Haemophilus influenzae* type b (Hib) disease listed above, the above-exempted child may be excluded from the day care by the local health officer or the Department of Public Health and Human Services until the child is no longer at risk for contracting or transmitting that disease; and

(3) A new affidavit of exemption for the above child must be signed, sworn to, and notarized yearly and kept together with the State of Montana Certificate of Immunization (HES-101) in the day care's records.

Signature of parent, guardian, or other person
responsible for the above child's care and
custody

Date

Subscribed and sworn to before me this _____ day of _____, _____.

SEAL

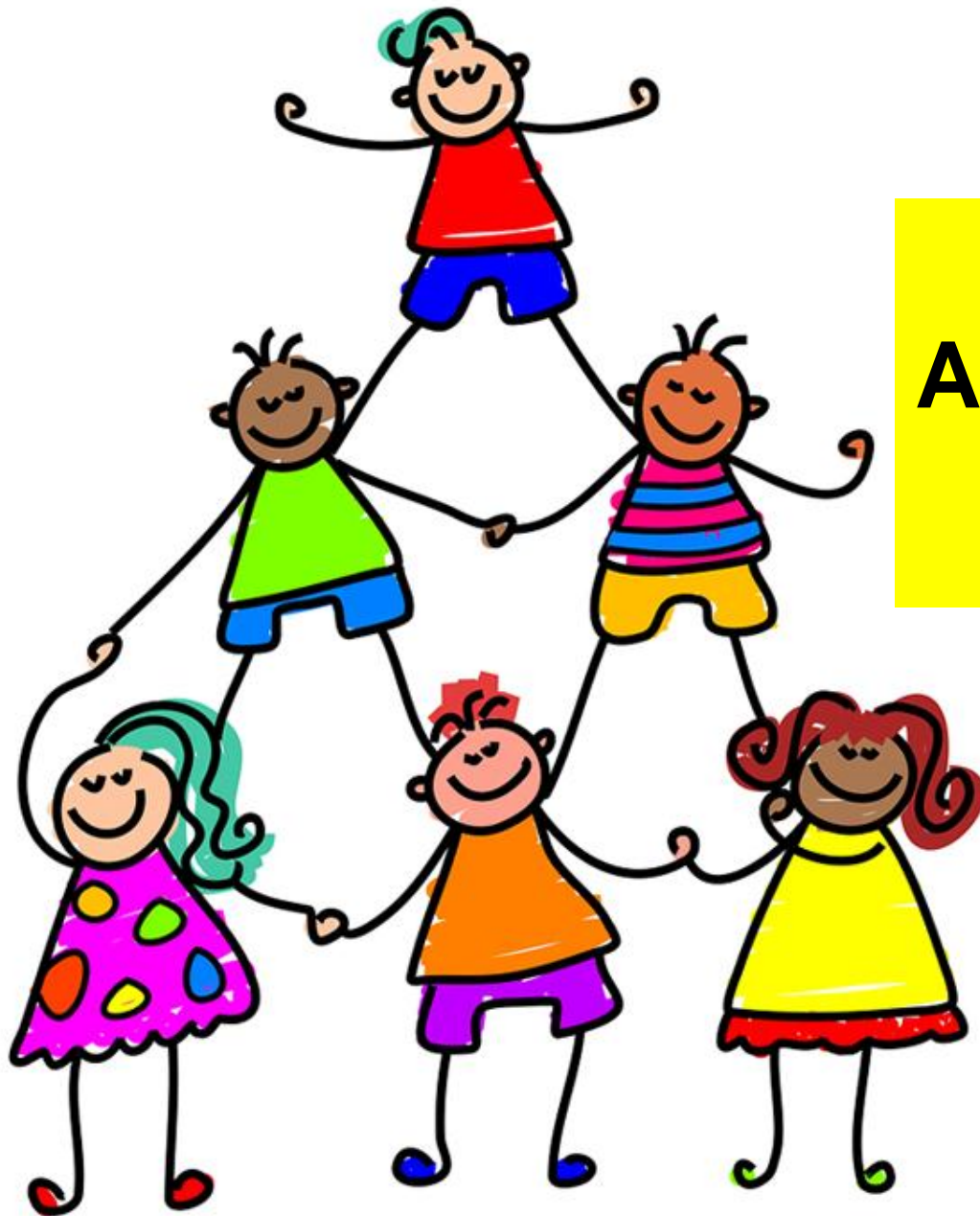
Notary Public for the State of Montana
Residing in _____
My commission expires _____



**The only immunization for which
a religious exemption is allowed
is Hib (*Haemophilus Influenzae*
type B).**

This form must be signed, sworn to, and **notarized yearly**. It must be kept with the "Certificate of Immunization" (HES-101) in the child's records.

If you need a copy of this form
please visit our website at
www.immunization.mt.gov .

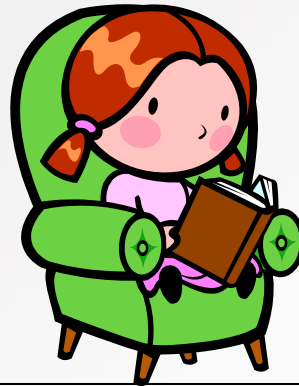


Conditional Attendance Form (HES-103)



Conditional Enrollment

If a child has not completed the minimum vaccination series required by ARM 37.95.140, a **Conditional Attendance Form, No. HES-103, must be completed and attached to the HES-101 “Certification of Immunization”.**



ARM 37.95.140 (9 a, b, c) Immunization states:

9. A child may initially conditionally attend a child care facility if:
 - a) The child has received at least 1 dose of each of the vaccines required for the child's age
 - b) A form prescribed by the DPHHS documenting the child's conditional immunization status is on file at the child care facility and is attached to the DPHHS Montana Certificate of Immunization (HES-101); and
 - c) The child is not past due for the next required dose (as noted on the conditional form) of the vaccine in question.



Filling out the Conditional Attendance Form

**MONTANA CHILD CARE AND SCHOOL
CONDITIONAL ATTENDANCE FORM**
MONTANA CHILD CARE AND SCHOOL IMMUNIZATION LAWS
Child Care Facility Rules, Revised Sept 1, 2006 (ARM 37.95.106 through 37.95.214)
Montana School Immunization Law (MCA 20-5-402 through 410)
School Immunization Rules, Revised July 1, 2005 (ARM 37.114.701 through 37.114.721)

I. This section to be filled out by child care or school official.

Child/Pupil Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

I certify the above named child/pupil has received at least one or more doses of the required vaccine(s) and legally is eligible for conditional attendance at this time. Child/Pupil will remain in a conditional attendance status for each of the required immunizations until they have completed the child care/ school immunization requirements and remain compliant with the schedule listed below.

Signature (Child Care or School Official): _____ Date: _____

II. This section to be filled out by physician/health department official.

Please enter the information related to the next vaccine dose(s) due, by vaccine type and date in the spaces below.

VACCINE TYPE(S) NEEDED	DOSES DUE/EXCLUSION DATE
Example: MMR, Polio	12/20/12

Signature (Health Official): _____ Date: _____

I certify that I have established an immunization schedule for the required vaccine(s) for the above named child/pupil.

III. This section to be signed by parent/guardian.

I understand that my child is allowed to attend child care or school on a conditional basis and agree to have my child vaccinated, meeting the above deadlines. I also understand that due to Montana Law and Administrative Rule my child will not be allowed to attend child care/school in Montana if I do not agree to this condition and provide the required documentation within the required deadlines.

Signature (Parent/Guardian): _____ Date: _____

A child/pupil may be allowed to conditionally attend a child care facility or school if he/she has:

1. Received one or more doses of each of the required vaccine(s) and
2. Will continue to receive the remaining doses on the schedule set above by the physician or health department in accordance with the child care or school requirements.

The immunization schedule for completion of the required vaccinations is to be established by a physician or health department documenting the type of vaccine(s) and the date(s) the next dose is due. This is to be documented on this form and on the immunization record card. It is the parent/guardian's responsibility to ensure each vaccine deadline is met and provide documented proof to the child care facility or school.

If a child conditionally attending a child care facility or school fails to complete the immunization(s) within the time period indicated, he/she will be immediately excluded from the child care facility or school.

➤ **Section I** must be filled out by the child care official and signed.

➤ **Section III** must be signed by the parent or legal guardian agreeing to:

- ✓ Have the child vaccinated meeting the daycare rules
- ✓ Ensure each vaccine deadline is met and provide documented proof of vaccination to the child care facility.

➤ Once Section I and III are signed, the form needs to be taken to the local county health department **or** a private provider to be completed.

Continued...

INSTRUCTIONS

I. Child Care, Preschool, K-12 School:

1. Prior to child care and school attendance, all children/pupils must have:
 - a) Documentation of the required immunizations, or
 - b) An appropriate exemption.
2. Request documentation of the child's/pupil's immunization status.
3. Transfer the child's/pupil's immunization information to the State of Montana-Certificate of Immunization (HES 101).
4. Return the child's/pupil's immunization record to the parent/guardian. The HES 101 stays on file in the child care facility/school.
5. Section I of this form (HES 103) needs to be completed by the child care or school official.
6. Have parent/guardian read and sign Section III of this form.
7. Give this form to the parent/guardian with instructions to have the immunization schedule established for the missing vaccine dose(s) and signed by the physician/health department official.
8. When this form is completed it is to be returned to the child care or school by the parent/guardian. This form is to be attached to the HES 101 and kept in the child's/pupil's permanent record. The parent/guardian is to be provided with a copy of this form (HES 103). **Child care providers must submit a copy of this form (HES 103) to the County Health Department.**
9. The HES 101 needs to be updated as the vaccine dose(s) are given in compliance with the established immunization schedule.
10. A child/pupil failing to complete the immunization(s) as scheduled:
 - a) Must qualify for and claim an exemption, or
 - b) Immediately be excluded by the child care director or school administrator/designee.

II. Physician or Health Department:

1. The physician/health department will establish the immunization schedule for the missing vaccine dose(s) and enter the schedule in Section II on this form (HES 103). Vaccine type and date the dose(s) are due must be noted on this form and on the Official Montana Immunization Record. After the immunization schedule has been established and signed by the physician/health department this form is to be returned to the child care facility/school by the parent/guardian.

III. Parent or Guardian:

1. It is the parent/guardian's responsibility to provide documentation of the child's immunization status to the child care facility/school.
2. If the parent/guardian does not have a personal copy of the Official Montana Immunization Card they should contact the physician/health department to obtain one. It is the parent/guardian's responsibility to permanently retain the child's/pupil's immunization record card. This record card should be updated each time the pupil receives an immunization and kept permanently to expedite child care/school entry.
3. After Section I of this form has been completed by the child care/school official, please read and sign Section III.
4. Immunizations are available either from private physicians or public clinics. It is the parent/guardian's responsibility to contact the physician/health department for establishing the immunization schedule and/or receive the missing immunization(s).
5. When Section II of this form has been completed and signed by the physician/health department it is to be returned to the child care facility/school by the parent/guardian.
6. Obtain a copy of this completed form from the child care/school for ready reference and compliance with the established immunization schedule.
7. Each time the child/pupil receives the required vaccine(s) the parent/guardian is to bring the signed/stamped immunization record from the physician/health department to the child care facility/school for the record to be updated.
8. It is important to comply with the established immunization schedule to avoid any interruption in child care/school attendance, i.e., possible exclusion.

NOTE: Questions regarding the use of this form should be directed to the Local Health Department or the Montana Immunization Program (406-444-5580).

Page 2 of the HES 103 lists the instructions for each section. Child care providers should review the instructions before filling out the conditional attendance form.

FYI! A change has been made to this form!

Section I, #8 When this form is completed it is to be returned to the day care by the parent/guardian. A copy of this form is to be attached to the HES 101 and kept in the child's permanent record. The parent/guardian is to be provided with a copy of this form (HES 103), **and the child care provider must submit a copy of this form (HES 103) to the Local County Health Department.**



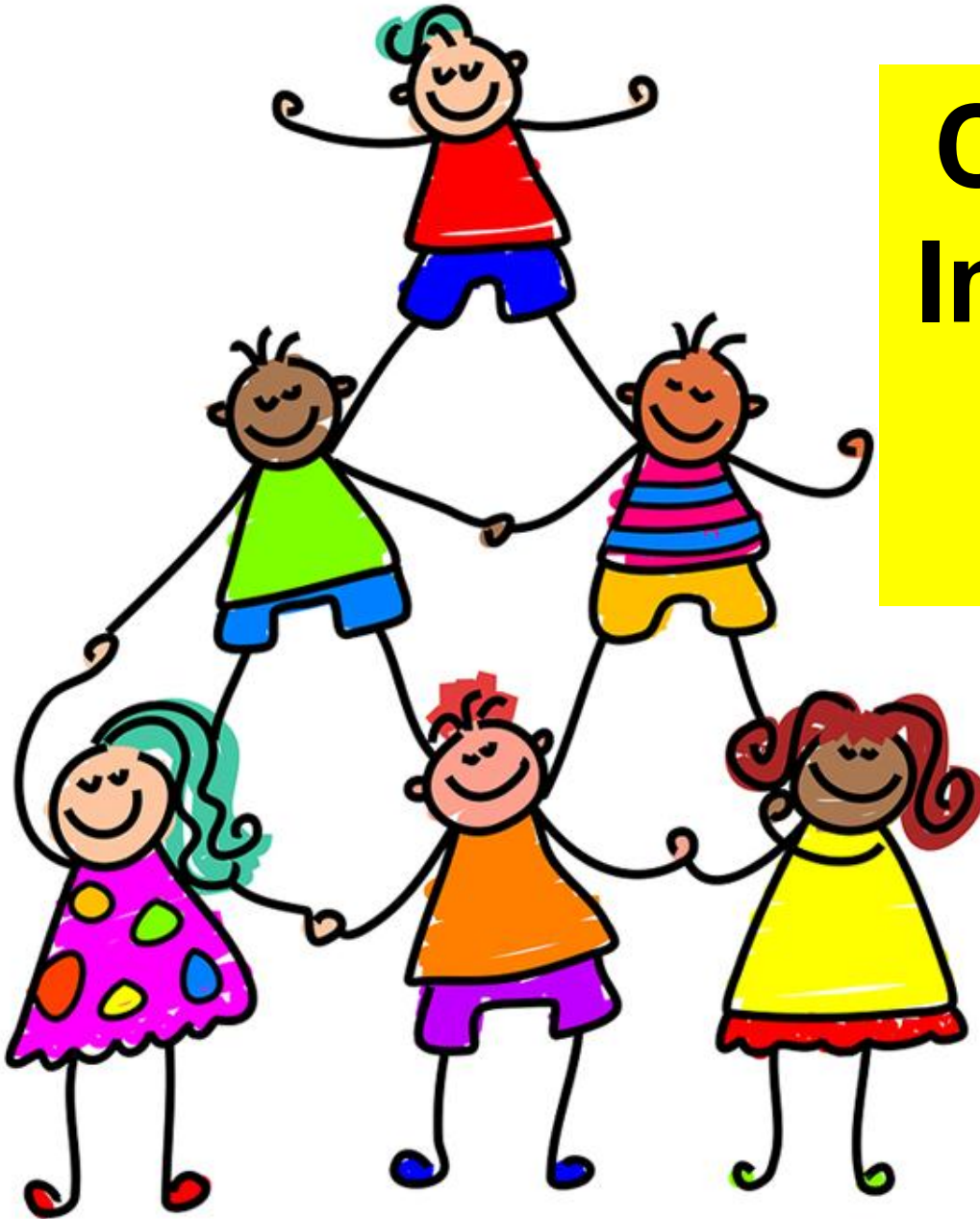
Continued...

Remember! The Conditional Attendance Form must be attached to the Certificate of Immunization (HES-101). Child care providers must review the form as often as possible to make sure the child is compliant with the immunization schedule.

The child care provider is responsible for updating the HES-101 as the child completes his/her immunization requirements. When a child care provider sees the conditional attendance schedule not being followed, the child care provider must notify the parent/legal guardian. The child must be brought back up to date or be excluded from the child care facility. If you continue to have issues or have any concerns, contact your local child care licensur.

If a child care provider has trouble reading the immunization record, contact your local county health department for assistance

Certificate of Immunization (HES-101)



STATE OF MONTANA— CHILD CARE FACILITY/SCHOOL CERTIFICATE OF IMMUNIZATION

Complete immunization requirements and penalties for those who fail to meet the requirements are referenced in Section V. This form is required for ALL persons attending school or child care. See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.

SECTION I

PLEASE PRINT CLEARLY

Child/Student's Name	Birth Date	Sex	Primary Provider
Name of Parent/Guardian	Address	City	Telephone Home
			Work

SECTION II

IMMUNIZATION HISTORY

Valid only when filled out by School, Child Care or Medical Personnel (NOT to be filled out by the parent).

Required Vaccines (CC= Child Care Requirement; SR=School Requirement)	Month, Day & Year of Each Dose				
	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (DTaP)	CC/SR	CC/SR	CC/SR	CC/SR	SR
Booster Dose Td (Tdap recommended) (if given after 10 th birth date)	SR				
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)	CC	CC	CC	CC	
Measles/Mumps/Rubella (MMR) or Measles vaccine only Mumps vaccine only Rubella vaccine only	CC/SR	SR			
Polio (IPV or OPV)	CC/SR	CC/SR	CC/SR	SR	
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has documentation of disease	CC	2 nd Dose Recommended			

ACIP* Recommended Vaccines *Advisory Committee on Immunization Practices, U.S. Centers for Disease Control and Prevention	Month, Day & Year of Each Dose				
	1	2	3	4	5
Hepatitis A					
Hepatitis B					
Human Papillomavirus (HPV) - for adolescents					
Influenza- recommended annually for all over 6 mos.					
Meningococcal Conjugate Vaccine (MCV4) (Ages 11-12 & later)					
Pneumococcal Conjugate vaccine (PCV)					
Rotavirus					

NOT A COMPLETE IMMUNIZATION RECORD- CONTACT YOUR PROVIDER OR PUBLIC HEALTH AGENCY FOR MORE INFORMATION

If filled out by health department or health care provider:

If filled out by school or child care personnel:

To the best of my knowledge, this child has received the above immunizations.

I CERTIFY this information has been transferred from supporting documentation as stated in the Administrative Rules of Montana.

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(School or Child Care Official and title) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(School or Child Care Official and title) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(School or Child Care Official and title) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(School or Child Care Official and title) Date

✓ A child care provider needs to fill out the Certificate of Immunization (HES-101) when an immunization record is provided by the parent

or

✓ The parent may contact their private provider or local county health department to obtain a completed blue form.

✓ A child care provider needs to keep an updated record for each child attending the facility.

✓ If the child has a Conditional Attendance Form (HES-103A), it must be attached to the HES-101 form.

✓ If the child has a Religious Exemption Form (HES-114) or History of Varicella Form (DPHHS-115), it must be attached to HES-101 form.



Medical Exemptions: Section IV

✓ Must be signed by an MD or a DO

✓Chiropractors, Nurse Practitioners, Physician Assistants, or Naturopathic Doctors cannot sign off on any medical exemption.

MCA 20-5-405, MCA 37-3-305, and MCA 37-3-102 (3) further outline the required qualifications for who can sign a medical exemption.

Double Check Your Medical Exemption!

✓Did the physician mark which immunization(s) the child is exempt from?

✓Is the HES-101 signed by an MD or DO?

✓Is this permanent or temporary exemption?

✓If you have questions about the validity of the exemption, contact your local health department.

Medical Exemption: Section IV



Must be signed by an MD or a DO

- ✓ Chiropractors, Nurse Practitioners, Physician Assistants, or Naturopathic Doctors **cannot sign** off on any medical exemption.
- ✓ Physicians must print their name, give address and phone number, then sign the exemption form.

Double Check Your Medical Exemption!

- ✓ Did the physician mark which immunization(s) the child is exempt from?
- ✓ Is the HES-101 signed by an MD or DO?
- ✓ Is this permanent or temporary exemption?
- ✓ If you have questions about the validity of the exemption, contact your local health department.

Vaccine	X	
PCV (not currently required by ARM)	<input type="checkbox"/>	Contraindications <ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose (of PCV7, PCV13, or any diphtheria toxoid-containing vaccine) or to a component of a vaccine (PCV7, PCV13, or any diphtheria toxoid-containing vaccine) Precautions <ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
Hib	<input type="checkbox"/>	Contraindications <ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Age <6 weeks Precautions <ul style="list-style-type: none"> Moderate or severe acute illness with or without fever
MMR	<input type="checkbox"/>	Contraindications <ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Known severe immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy, or patients with HIV infection who are severely immunocompromised) Pregnancy Precautions <ul style="list-style-type: none"> Recent (<11 months) receipt of antibody-containing blood product (specific interval depends on the product) History of thrombocytopenia or thrombocytopenic purpura Need for tuberculin skin testing Moderate or severe acute illness with or without fever
Tdap (not currently required by ARM)	<input type="checkbox"/>	Contraindications <ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Encephalopathy within 7 days after receiving a previous dose of DTP, DTap, or Tdap Precautions <ul style="list-style-type: none"> Guillain-Barre' syndrome ≤6 weeks after a previous dose of tetanus toxoid-containing vaccine Progressive neurological disorder, including progressive encephalopathy, or uncontrolled epilepsy, until the condition has stabilized Arthus reaction following a previous dose of any vaccine containing tetanus toxoid or diphtheria Moderate or severe acute illness with or without fever
Varicella	<input type="checkbox"/>	Contraindications <ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Known severe immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy, or patients with HIV infection who are severely immunocompromised) Pregnancy Precautions <ul style="list-style-type: none"> Recent (<11 months) receipt of antibody-containing blood products (interval depends on product) Moderate or severe acute illness with or without fever

For medical conditions not listed, please note the vaccine(s) that is contraindicated and a description of the condition

Attach most current immunization record

Date exemption ends _____

Completing physician's name (please print) _____

Address _____

Phone _____

Completing physician's signature
(only licensed physicians may sign) _____

Montana Code Annotated
20-5-101-410: Montana Immunization Law
52-2-735: Daycare certification

Instructions

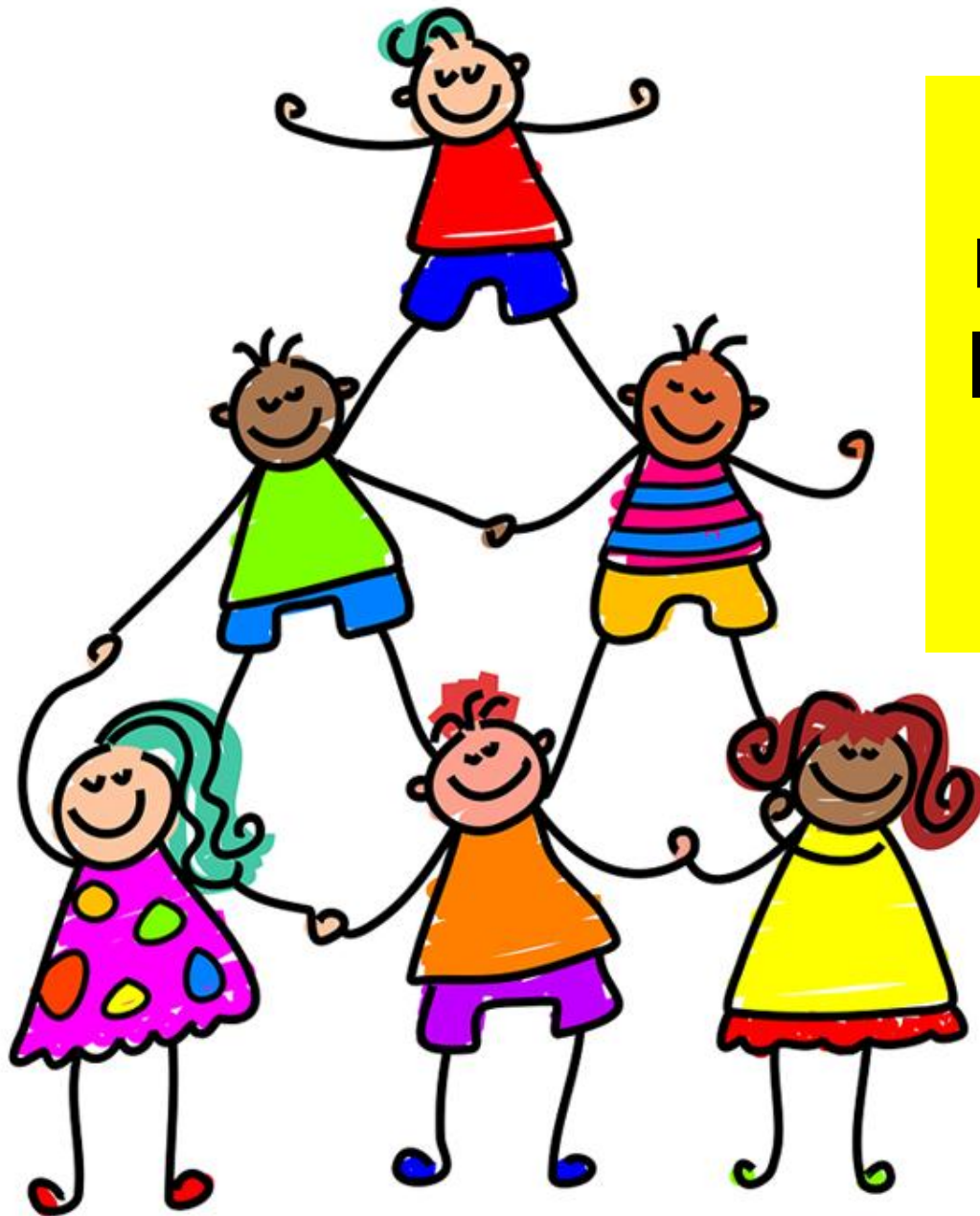
Purpose: To provide Montana physicians with a mechanism to document true medical exemptions to vaccinations

Preparation: 1. Complete patient information (name, DOB, address, and school/childcare facility)
2. Check applicable vaccine(s) and exemption(s)
3. Complete date exemption ends and physician information
4. Attach a copy of the most current immunization record
5. Retain a copy for file
6. Return original to person requesting form

Order: Immunization Program
1400 Broadway, Room C-211
Helena, MT 59620
(406) 444-5580
<http://www.dohhs.mt.gov/publichealth/immunization/>

Questions? Call (406) 444-5580

Administrative Rules of Montana
37.114.701-721: Immunization of K-12, Preschool, and Post-secondary schools
37.95.140: Daycare Center Immunizations, Group Daycare Homes, Family Day Care Homes

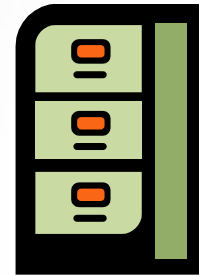


**Who will be
reviewing my
Immunization
Records?**

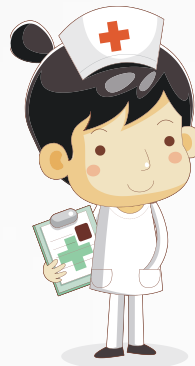


Reviewing Records

Local county public health departments may be contacting child care providers to review immunization records. Your facility's immunization records should be organized and accessible to the county public health department staff and licensing surveyors. The immunization records should not be removed from the child care facility.



The Montana Department of Public Health and Human Services is working closely with *local public health jurisdictions* to improve immunization coverage rates. These efforts include working with facilities to assess immunization records and enforce laws and rules related to immunization in child care facilities and other settings.





Information and Guidelines

1. Child care providers need to allow the local public health department access to review all immunization records.
2. Local health departments should call the child care provider to set up a time and date for review. The local county health department should give the child care provider 1-2 weeks notice.
3. Please try to have some space available for public health nurse to review records. This could be the office where you keep your records or a table and chair somewhere in the child care facility.
4. Talk to your public health nurse if you are concerned about record keeping. They will make suggestions on how to organize your record system.
5. Consult with your public health nurse if you need help with immunization translation.
6. When reviewing, the public health nurse **should not remove original records** from the child care facility.
7. The child care provider is **not required** to make photo copies of immunization records and send them to the health department.



Enforcement...

1. If you are a child care center and the public health nurse finds incomplete immunization record(s), the center's director will be informed and given 7 days to correct the non-compliance records and obtain the documentation to update the record.
2. If the record(s) is not complete after this time, the public health nurse will formally notify the center director of this issue. Another 7 day time period may be granted and the center director should be informed that non-compliance after this time may result in the child being excluded from the facility.
3. Should the center director not comply after the 2nd 7 day period, the public health nurse may order the exclusion of the child from the facility, and may make a formal referral to the Montana State Child Care Licensing Program. The local licensor will contact the center director and advise that continued non-compliance may result in negative licensing action.

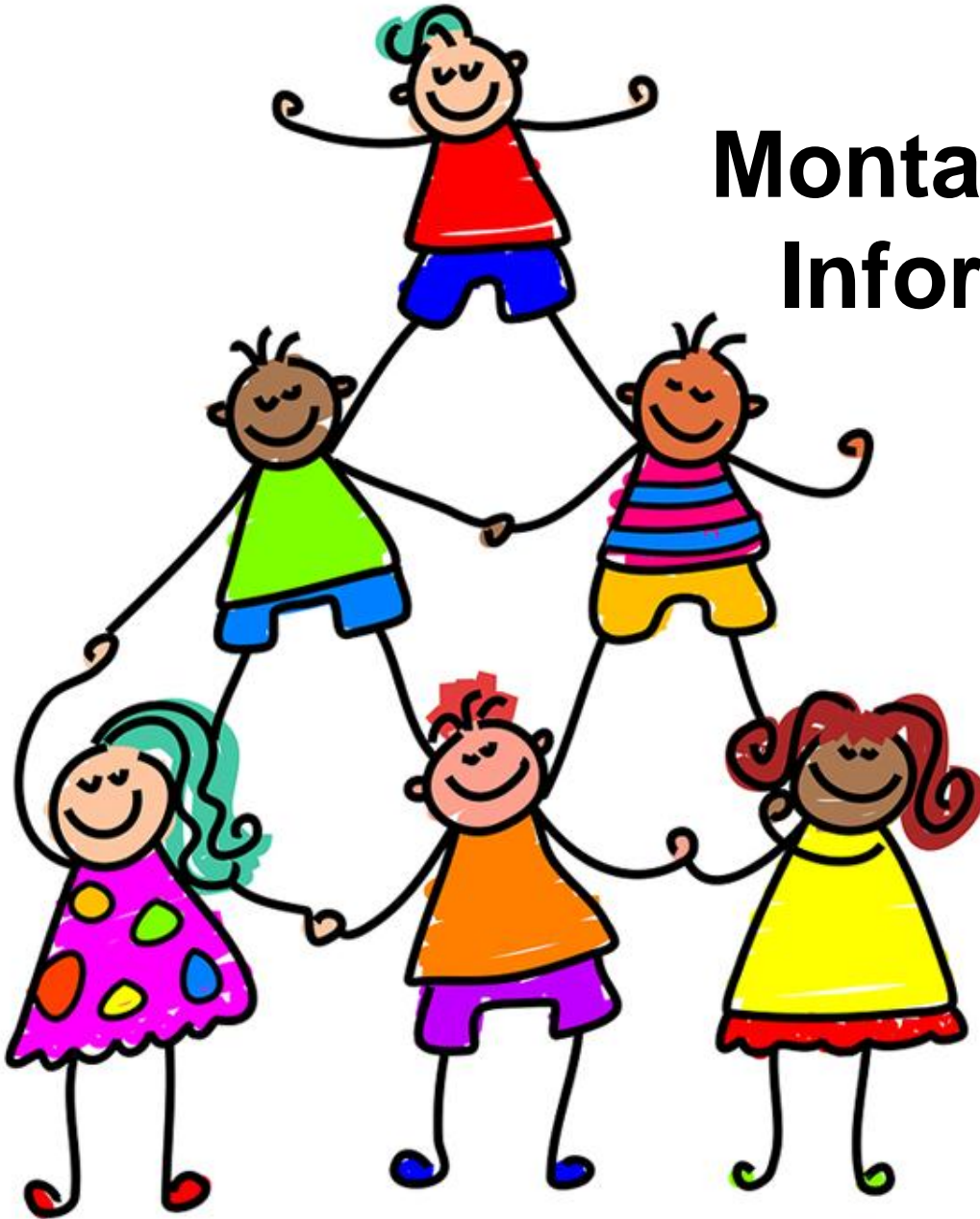


Enforcement Continued...

For the family/group programs where public health nurses are providing consulting services pertaining to immunization, the same process will be followed except that it will be the Montana State Child Care Licensing Program may order the exclusion of the child who does not have up-to-date immunization records.



Montana Immunization Information System (imMTrax)





State Immunization Information System

The Montana Immunization Information System (IIS), also known as “[imMTrax](#)” is a confidential, web-based, statewide computer system that provides secure access to immunization records for authorized healthcare professionals.

IIS stores immunization records electronically all in one place. If a child happens to move to another town in Montana or is seen by more than one health care provider, their immunization record would be available and up to date, ensuring the continuity of care.

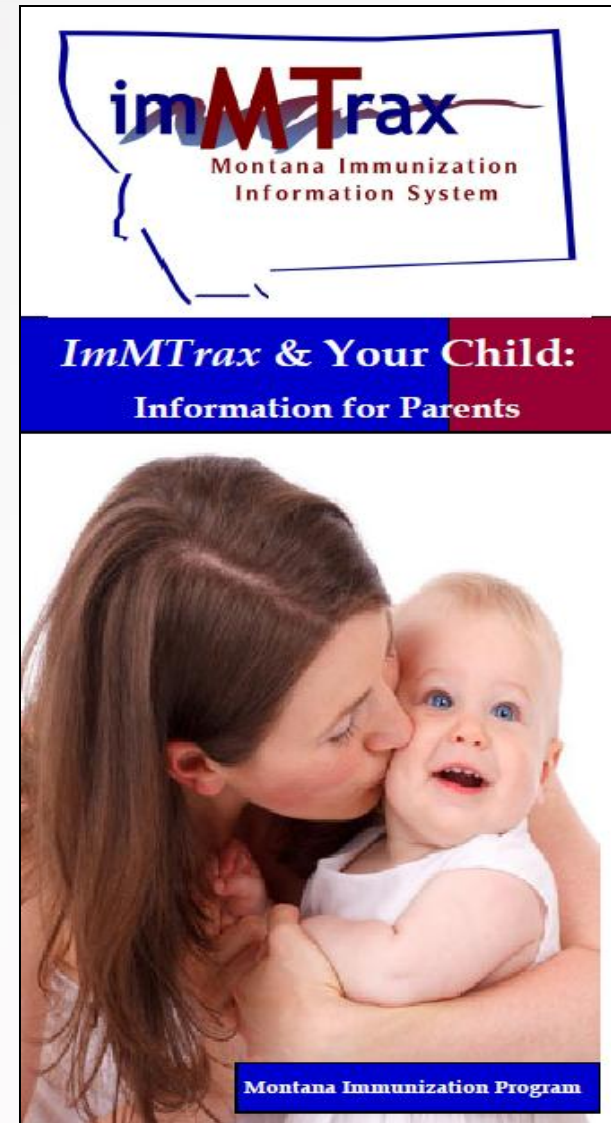
This information system is entirely secure and confidential. Only authorized healthcare professionals with a password can access the system.

The IIS is not only for children. Teenagers and adults can be added to the IIS as well. The best part, it’s “**FREE**”! Having immunization information entered into the registry is completely voluntary. The information needed for entry into the information system is a full name, immunization record, date of birth, gender, address, and a phone number.



Parent Information Pamphlet

The Montana Immunization Program has a Parent Information pamphlet for anyone interested in imMTrax. If you want to hand out copies to parents that have a child attending your child care facility, contact the Immunization Program at 406-444-5580.






Parent Approval for Release of Information

In order for a child care provider to call the county health department regarding missing immunizations, the parent/legal guardian of the child must sign a release of information for their child. This consent form only needs to be filled out once by the parent/legal guardian. If a child care provider is unsure if a consent form has been filled out, contact your local county health department.

Child care providers can hand out these consent forms to the parent/legal guardian to sign and have them return it back to the child care facility or their local county health department. If the parent/legal guardian returns the consent form to the child care provider, it is the provider's responsibility to send a copy to the local county health department.

If you would like to distribute imMTrax consent forms, they are available on the Montana State Immunization website at www.immunization.mt.gov or you can contact the Immunization Program at 406-444-5580.



imMTrax Permission Form

Please Print

Child's Name: _____ Sex: M ___ F ___ Date of Birth: _____


Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____

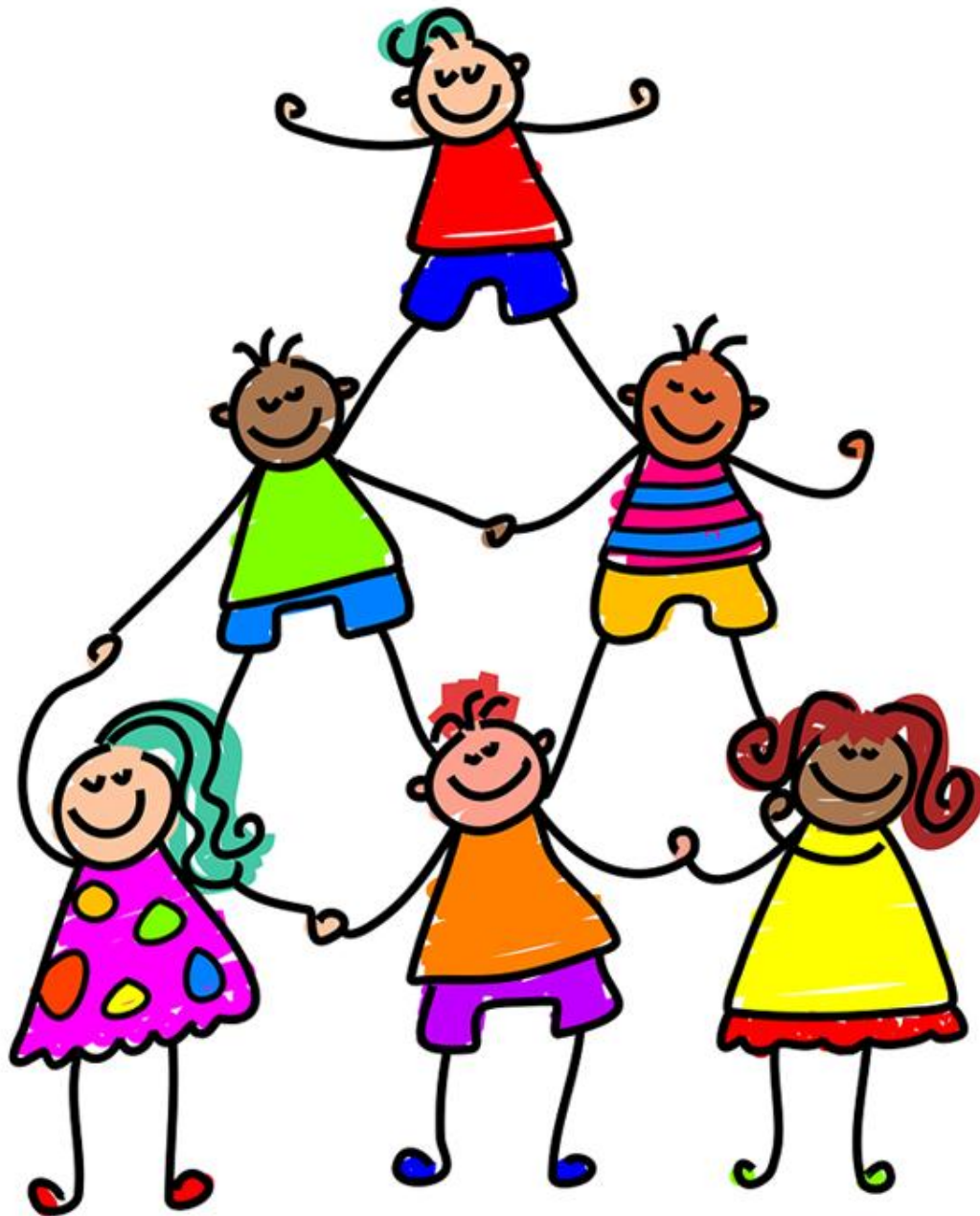
Name of Parent/Guardian: _____

I authorize my health care provider and local public health agency to collect and enter my child's immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS/imMTrax). IIS (imMTrax) is a confidential, computer system that contains immunization records. I understand that information in the registry may be released to local health departments as well as my health care providers to assist in my child's medical care and treatment. In addition, information may be released to child care facilities and schools in which my child is enrolled to comply with state requirements. I understand that I can revoke this authorization and have my record removed at any time by contacting my local county health department.

Parent/Guardian Signature: _____ Date: _____


MONTANA
Department of Public Health & Human Services

IIS Consent - 101 (10/26/2011)



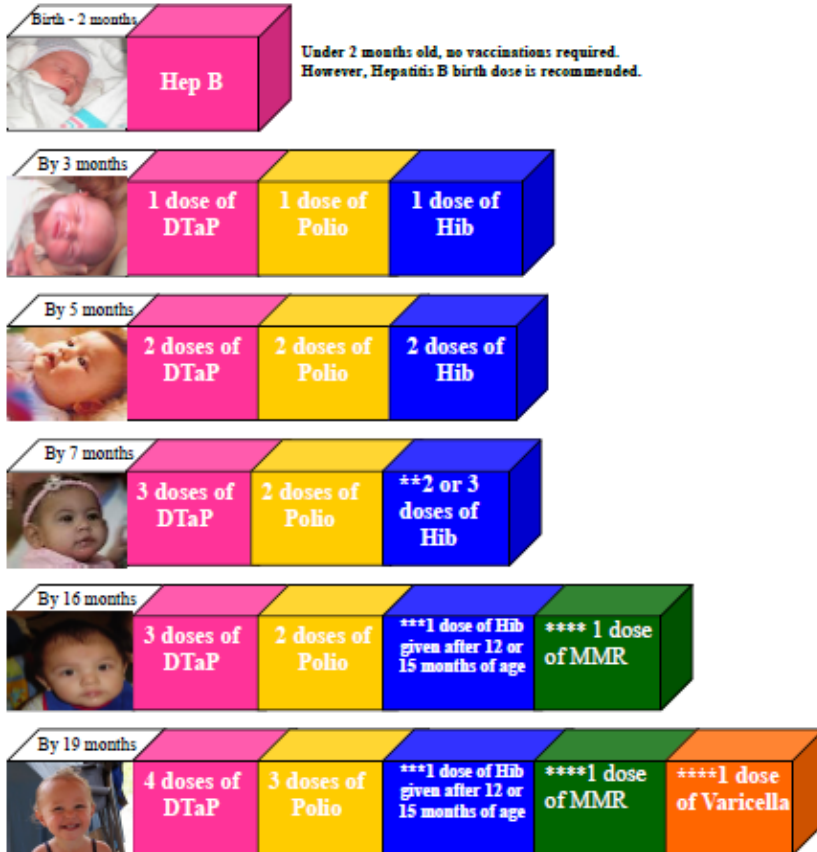
Tools and Resources





Child Care Immunization Schedule

Immunization Schedule for Family/Group and Licensed Child Care Facilities*



Please see reverse side for description of immunizations and additional contact information.

The Montana State Immunization Program developed a Child Care Immunization Schedule for providers and parents. This schedule is easy to read and shows when an immunization is due according to child care requirements **ARM 37.95.140**.

On the back of this schedule, it gives the vaccine descriptions, references the Hib dosage, and information regarding MMR and Varicella being administered prior to 12 months of age.

To view this schedule visit our website at www.immunization.mt.gov. Click on Child Care Resources to download a copy or place an order if you would like to hand out this schedule to parents.



Vaccine Names and Their Components

If you receive an immunization record with a variety of brand name vaccines, we don't expect you to know what they are. The Montana State Immunization Program developed a reference sheet for you called, "Vaccine Names and Their Components." This form will make it easier for you to transfer information to the Certificate of Immunization (HES-101). You can download this form at www.immunization.mt.gov.



Vaccine Names and Their Components

Td	Tetanus and diphtheria	7 years and above
Tdap (Boostrix)	Tetanus, diphtheria and acellular pertussis	10 years – 64 years
Tdap (Adacel)	Tetanus, diphtheria and acellular pertussis	11 years – 64 years
DT	Diphtheria and tetanus	6 weeks – 6 years
DTP	Diphtheria, tetanus and whole cell pertussis	6 weeks – 6 years
Tripedia	DTaP: Diphtheria, tetanus and acellular pertussis	6 weeks – 6 years
Acel-Immune	DTaP: Diphtheria, tetanus and acellular pertussis	6 weeks – 6 years
Infanrix	DTaP: Diphtheria, tetanus and acellular pertussis	6 weeks – 6 years
HibTITER (HbOC)	Haemophilus influenzae type B (HIB) conjugate vaccine	6 weeks – 4 years
PedvaxHIB (PRP-OMP)	Haemophilus influenzae type B (HIB) conjugate vaccine	6 weeks – 4 years
ActHIB (PRP-T)	Haemophilus influenzae type B (HIB) conjugate vaccine	6 weeks – 4 years
Hiberix	Haemophilus influenzae type B (HIB) conjugate vaccine	15 months – 4 years
Tetramune	DTP/HIB combination	6 weeks – 4 years
ActHIB/DTP	DTP/HIB combination	6 weeks – 4 years
TriHibit	DTaP/HIB combination (for 4 th dose only)	12 months – 4 years
Comvax	HIB/Hepatitis B	6 weeks – 4 years
Pediarix	DTaP/Hepatitis B/IPV combination (only for doses 1-3)	6 weeks – 6 years
Pentacel	DTaP/IPV/Hib (only for doses 1-4)	6 weeks – 4 years
Kinrix	DTaP/IPV (for 5 th dose DTaP and 4 th dose IPV only)	4 years – 6 years
MMR	Measles, Mumps and Rubella	12 months and above
Proquad (MMR-V)	Measles, Mumps, Rubella, and Varicella	12 months - 12 years
Attenuvax	Measles only	12 months and above
Mumpsavax	Mumps only	12 months and above
Meruvax	Rubella only	12 months and above
Menactra (MCV4)	Meningococcal Conjugate	2 years - 55 years
Menveo (MCV4)	Meningococcal Conjugate	11 years – 55 years
Menomune (MPSV4)	Meningococcal Polysaccharide (high-risk only)	2 years and above
Engerix	Hepatitis B	Birth and above
Recombivax	Hepatitis B	Birth and above
Havrix	Hepatitis A	2 years and above
VAQTA	Hepatitis A	12 months and above
Twinrix	Hepatitis B - Hepatitis A	18 years and above
IPV	Polio (inactivated polio)	6 weeks and above
Varivax	Varicella (Chickenpox)	12 months and above
Prevnar (PCV7)	Pneumococcal conjugated vaccine	6 weeks – 4 years
Pneumovax (PPV23)	Pneumococcal polysaccharide vaccine (high-risk only)	2 years and above
Rotateq	Rotavirus	6 weeks-8 months 0 days
Rotarix	Rotavirus	6 weeks-8 months 0 days
Gardasil (HPV)	Human Papillomavirus Vaccine	9 years – 26 years
Cervarix (HPV)	Human Papillomavirus Vaccine	9 years – 26 years
Zostavax	Shingles	60 years and above

Some 3-18 year olds



Local County Health Contact Information

Beaverhead County

41 Barrett St
Dillon MT 59725
406-683-4771

Big Horn County

809 N. Custer Ave
Hardin MT 59034
406-665-8720

Blaine County

PO BOX 516
Chinook MT 59523
406-357-2345

Broadwater County

124 N. Cedar St
Townsend MT 59644
406-266-5209

Carbon County

PO BOX 2289
Red Lodge MT 59068
406-446-9941

Cascade County

115 4th St South
Great Falls MT 59401
406-454-6950

Chouteau County

PO BOX 459
Fort Benton MT 59442
406-622-3771

Custer County

2000 Clark St.
Miles City MT 59301
406-874-3377

Daniels County

PO BOX 247
Scobey MT 59263
406-783-5366

Dawson County

207 W Bell St
Glendive MT 59330
406-377-5213

Deer Lodge County

PO BOX 970
Anaconda MT 59711
406-563-7863

Fallon County

PO BOX 820
Baker MT 59313
406-535-7433

Fergus County

712 W Main St
Lewistown MT 59457
406-535-7433

Flathead County

1035 1st Ave W
Kalispell MT 59901
406-751-8110

Gallatin County

215 W Mendenhall St Ste 117
Bozeman MT 59715
406-582-3109

Garfield County

PO BOX 389
Jordan MT 59377
406-557-2050

Glacier County

1210 E Main St
Cut Bank MT 59427
406-873-2924

Granite County

PO BOX 312
Drummond MT 59822
406-288-0330

Hill County

302 4th Ave
Havre MT 59501
406-265-5481



County Contact Information Continued...

Jefferson County

PO BOX 872
Boulder MT 59632
406-225-4007

Lake County

802 Main St Ste A
Polson MT 59860
406-883-7288

Lewis & Clark County

1930 9th Ave
Helena MT 59601
406-443-2584

Liberty County

PO BOX 705
Chester MT 59522
406-759-5517

Lincoln County

418 Main Ave
Libby MT 59923
406-293-2660

Madison County

PO BOX 278
Virginia City MT 59755
406-843-4295

McCone County

PO BOX 47
Circle MT 59215
406-485-2444

Meagher County

PO BOX 309
White Sulpher Springs MT 59645
406-547-3234

Mineral County

PO BOX 488
Superior MT 59872
406-822-3564

Missoula County

301 W Alder St
Missoula MT 59802
406-258-4750

Park County

414 E Callendar St
Livingston MT 59047
406-222-4140

Phillips County

PO BOX 241
Malta MT 59538
406-654-2521

Pondera County

809 Sunset Blvd Ste 7
Conrad MT 59425
406-271-3247

Powder River County

PO BOX 210
Broadus MT 59317
406-436-2297

Powell County

PO BOX 716
Deer Lodge MT 59722
406-846-2420

Prairie County

PO BOX 202
Terry MT 59349
406-635-2025

Ravalli County

205 Bedford St Ste L
Hamilton MT 59840
406-375-6671

Richland County

1201 Holly St Ste 1
Sidney MT 59270
406-433-2207

Roosevelt County

124 Custer St
Wolf Point MT 59201
406-653-6223



County Contact Information Continued...

Rosebud County

PO BOX 388
Forsyth MT 59327
406-346-2156

Sanders County

PO BOX 519
Thompson Falls MT 59873
406-827-6931

Sheridan County

100 W Laurel Ave
Plentywood MT 59254
406-765-3410

Silver Bow County

25 W Front St
Butte MT 59701
406-497-5082

Stillwater County

PO BOX 959
Columbus MT 59019
406-322-5316

Sweet Grass County

PO BOX 509
Big Timber MT 59011
406-930-2829

Teton County

905 4th St NW
Choteau MT 59422
406-466-2562

Toole County

402 1st St South
Shelby MT 59474
406-424-5169

Treasure County

PO BOX 201
Hysham MT 59038
406-342-5886

Valley County

501 Court Sq Box 11
Glasgow MT 59230
406-228-6261

Wibaux County

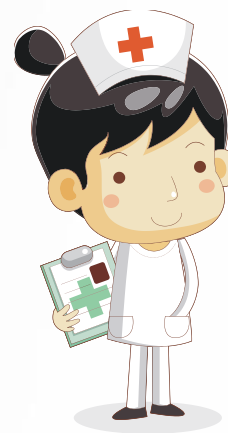
PO BOX 117
Wibaux MT 59353
406-796-2485

Yellowstone County

123 S 27th St
Billings MT 59101
406-247-3350

**Golden Valley, Musselshell,
& Petroleum Counties**

712 W Main St.
Lewistown MT 59457
406-535-3983



Child Care Licensors Information



**Carter
Custer
Dawson**

Fallon

Garfield

McCone

Powder River

Prairie

Richland

Rosebud

Wibaux

Phone: 234-4581

Sharla Jerrel

sjerrel@mt.gov

**Blaine
Daniels
Hill**

Liberty

Phillips

Roosevelt

Sheridan

Valley

Phone: 262-9790

Pam West

pawest@mt.gov

**Gallatin
Meagher
Park**

Phone: 522-2271

Kirsten Geiger

kgeiger@mt.gov

**Granite
Mineral
Missoula
Ravalli**

Phone: 329-1590

Brandi Rourke

brouke@mt.gov

**Big Horn
Carbon
Sweet Grass
Yellowstone**

Phone: 655-7632

Cora Helm

chelm@mt.gov

**Broadwater
Jefferson
Lewis and Clark
Powell**

Phone: 444-1954

Gloria Tatchell

gtatchell@mt.gov

or

Anna Haire

ahaire@mt.gov

**Golden Valley
Musselshell
Stillwater
Treasure**

Wheatland

Yellowstone

Phone: 655-7633

Tana Johnson

tajohnson@mt.gov

**Madison
Beaverhead
Deer Lodge
Silver Bow**

Phone: 444-3074

Penny Job

pjob@mt.gov

**Flathead
Lake
Lincoln
Sanders**

Phone: 751-5932

Fern Sutherland

fsutherland@mt.gov

or

Phone: 751-5962

Babby McCartney

bmccartney@mt.gov

**Cascade
Chouteau
Fergus
Glacier
Judith Basin**

**Petroleum
Pondera
Teton
Toole**

These counties currently do not have a child care licenser. Please contact Suzi Gravely at 444-2012 or Stephanie Goetz (Program Manager) at 444-1510 if you have questions or concerns.



Resources

Child Care Licensing Booklet

- Contact Suzi Gravely at 444-2010 to order a booklet or visit the Child Care Licensing website to view Regulation Booklet at <http://www.dphhs.mt.gov/earlychildhood/licensingregulations.shtml>

Immunization Web Page

- www.immunization.mt.gov
- Click on Child Care Resources
Here you can view the daycare rules, laws, access forms, and order the Daycare Timing Schedule.

If you have questions or concerns contact Laura Baus Child Care Immunization Coordinator at 444-5580 or email at lbaus@mt.gov

The screenshot shows the Montana Department of Public Health & Human Services website. The header includes the 'mt.gov' logo and the text 'Montana's Official State Website'. Below the header is a navigation bar with links: About Us, A-Z Index, Programs, Training, Preparedness, Contact Us, PHSD Home, DPHHS Home, and Site Map. The main content area is titled 'Child Care Resources' and lists various links under the heading 'Child Care Resources'. The links include: Administrative Rules of MT Child Care Immunization, Administrative Rules of MT Child Care Immunization (Staff), Contact Information for Child Care Licensors, Child Care Facilities, Information (Child Care Licensing), MT Code Annotated (Child Care Definitions), Daycare IZ Schedule, Click to Order: Click Here, Medical Exemption Information, and Vaccine Names & their Components. Below this list is a section titled 'Child Care Forms' which includes links for: Conditional Attendance Form HES-103A, History of Varicella Disease DPHHS-115, Immunization Status Reporting Form DPHHS-107 (Excel Format), and Immunization Status Reporting Form DPHHS-107 (Word Format). A Google Custom Search bar is visible at the bottom left of the page.



References



<http://www.cdc.gov/flu>

<http://www.cdc.gov/vaccines>



<http://www.immunization.mt.gov>

<http://www.dphhs.mt.gov/earlychildhood>

<http://www.dphhs.mt.gov/hcsd/childcare>

[Families Fighting Flu](#)

<http://www.familiesfightingflu.org>

[America Academy of Pediatrics](#)

<http://www.aap.org/immunization>

[Every Child By Two](#)

<http://www.ecbt.org>

[Adult Vaccination](#)

<http://www.adultvaccination.com/index.htm>

[Vaccinate Your Baby](#)

<http://www.vaccinateyourbaby.org>

[Shot of Prevention](#)

<http://shotofprevention.com>

[Children's Hospital of Philadelphia](#)

<http://www.chop.edu/service/vaccine-education-center/home.html>

Thank you for immunizing!

Go back to our webpage to take your Immunization Quiz at www.immunization.mt.gov. Once you have successfully completed and passed the quiz, we will send you a "Certificate of Completion".

Montana Immunization Program
1-406-444-5580

